

**OFFICE OF STATE UNIFORM PAYROLL**  
**REQUEST FOR DUPLICATE**

**To be Completed by Employee**

Date: \_\_\_\_\_

**Indicate Form Being Requested and Year**

\_\_\_\_\_  
Year

W-2                      W-2c                      1099

\_\_\_\_\_  
Year                      Year                      Year

Reason for request:

☐ Lost                      ☐ Never Received

☐ Other (explain) \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Last) (First) (MI)

Current Mailing Address: \_\_\_\_\_

Requested by \_\_\_\_\_ Personnel No. \_\_\_\_\_  
(Signature of Employee)

**To be Completed by Agency Employee Administration**

Personnel Area: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Name)

Has mailing address been updated in ISIS HR (if applicable)? ☐ Yes ☐ No                      Date: \_\_\_\_\_

Remarks/special instructions: \_\_\_\_\_

**To be Completed by OSUP**

Disposition of duplicate

Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_

Printed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_

Mailed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by \_\_\_\_\_